Effective January 1, 2003												
CLAIMS AS FILED - PART I SMALL ENTITY OTHER TH											THAN	
TOTAL CLAIMS			(Column 1)		(Column 2)			TYPE		OR	OR SMALL ENTIT	
٦	OR	4				<u></u>		RATE			RATE	FEE
			NUMBER FILED		NUM	NUMBER EXTRA		BASIC F	EE 375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			4 minus 20= 1		9			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS MULTIPLE DEPENDENT CLAIM P			minus 3 = RESENT			9		X42=		OR	X84=	
<u> </u>							3	+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2							•	TOTAL		OR	TOTAL	750
0	4.04	(Column 1)	(Column 2) (Column 3))	SMALL ENTITY O			OTHER THAN R SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
END	Total Independent	1. X	Minus Minus	-20)	=	1 [X\$ 9=		OR	X\$18=	
MA		ENTATION OF M	1	PENDENT	CLAIM	- '		X42=		OR	X84=	
								+140=		OR	+280=)
4405						A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	=	
÷.	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST								•	_		
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL EEE
END	Total Independent	: 	Minus Minus		<u></u>	=	l L	X\$ 9=		ОЯ	X\$18=	
₹		NTATION OF MI	1	PENDENT	CLAIM	= /		X42=	7	OR	X84=	
	-						'	+140=		OR	+280=	
	•		•				AE	TOTAL		OR ,	TOTAL ODIT FEE	
		(Column 1)		(Columi	n-2)	(Column 3)				• •	OUII. FEEL	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBE PREVIOL PAID FO	ER ISLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus ·	**		=		X\$ 9=		OR	X\$18=	
AM	Independent	•	Minus	***		=		X42=		-	X84≈	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM X42= OR X84=												
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the entry in column 1 is less than the entry in column 2. ***If the ADDIT FEE ***If the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
i	he "Highest Num	noer Previously Paid ber Previously Paid	io For IN THI i For (Total or	S SPACE is I Independent	ess thar I) is t he	n 3, enter "3." highest number			propriate box	- 4	DDIT. FEE L. mn 1.	
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Application or Docket Number